

Diamond State Health Plan Plus Program

Managed Long Term Care

Question & Answers

Question by Category	Answers
<u>Provider Questions</u>	
1. If we are a current Waiver provider do we have to apply with the MCO's?	Yes
2. Will the contract shift from the state to the MCO's?	Yes
3. Can we have more details about the contract transition?	The MCOs will be approaching current Waiver providers to initiate contract negotiations.
4. Will the MCO take over as intermediary for billing?	The providers will be billing the MCOs and the MCOs will be paying the providers.
5. What will the reimbursement schedule be with the MCO?	The MCOs will be negotiating rates with community-based providers. DMMA will continue to set the rates for nursing homes and the MCOs will pay the nursing homes the rates established by DMMA.
6. Who are the MCO's?	The State plans to contract with Delaware Physicians Care, Inc. (DPCI) and UniteHealthcare Community Plan (previously known as Unison Health Plan of Delaware).
7. Will there be a transition period for agencies who are not Medicare certified?	The waiver providers should connect with the MCO's to discuss this question.
8. Do you foresee a change in the current reimbursement for providers?	The MCOs will be negotiating rates with community-based providers. Waiver providers should connect with the MCO's.
9. After the transition to the MCO's will the prior authorization process change?	The MCOs will have their own prior authorization process. Waiver providers should connect with the MCO's.
10. What will be the procedure for assigning new cases?	Each current Long Term Care Medicaid and Dual eligible (Medicare and Medicaid) client will need to choose between the two MCOs. Current clients' community based services will remain unchanged until the MCO has assessed the client. All clients have the right to choose their direct service provider from the list of MCO-enrolled providers.

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11. Will the MCO's provide the electronic billing system and will it be the same billing system?	The MCOs have their own electronic billing system. Waiver providers should connect with the MCO's.
12. When will the providers hear from the MCO's?	The MCO's are very anxious to connect with the providers as soon as possible. Providers may also reach out directly to the MCOs.
13. Who will be the case managers?	The MCO's will be responsible for case management. They may hire case managers or contract the service.
14. Will all the Diamond State Health Plan clients automatically be a part of the Plus program?	No. The Diamond State Health Plan Plus Plan requires clients meet certain level of care and financial tests in order to be eligible for long term care services and supports.
15. Are home visits expected to continue?	Yes. The MCO's will be required to make home visits.
16. Is the benefit package the same?	Yes, the benefit package is the same. In addition, care plans will remain the same for 90 days or until the MCO's make a home visit to evaluate the client
17. Will the MCO's require Medicare certification?	Providers of services that are eligible for Medicare reimbursement will continue to be required to be Medicare certified. Providers should contact the MCO's to discuss their requirements
18. Will the MCO's negotiate rates with the provider?	Yes, the MCOs will negotiate rates with community-based providers.
19. If a client needs services in their home does Long Term Care Medicaid look at caregiver availability before approving hours?	Currently the client's formal and informal supports are taken into consideration in determining the services needed. This will continue to be the case.
Consumer Questions:	
20. Who are the MCO's?	The State plans to contract with Delaware Physicians Care, Inc. (DPCI) and UnitedHealthcare Community Plan (previously known as Unison Health Plan of Delaware).
21. Will the eligibility requirements (medical and financial) remain the same?	For community-based services, yes. DMMA is evaluating whether it will change medical eligibility for nursing home care from the current criteria of assistance with 1 Activities of Daily Living (ADL) to needing assistance for 2 or more ADLS. Financial eligibility requirements for community-based and nursing home services will remain unchanged.

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22. Will clients who are currently open in Long term Care Medicaid have to reapply or recertify?	No. They will be automatically approved for Diamond State Health Plan Plus. They will, however, need to enroll in a managed care plan.